

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	6
2							52	1
3							53	1
4							54	1
5							55	
6							56	2
7							57	2
8							58	1
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	1
16							66	2
17							67	
18		2					68	
19	1						69	
20							70	2
21				5			71	1
22							72	1
23							73	
24							74	
25	1						75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32		1					82	
33	1						83	
34	1			16			84	
35	1						85	
36	1						86	
37	1						87	
38							88	
39							89	
40							90	
41		5	17				91	
42							92	
43							93	
44		2					94	
45		2					95	
46		2					96	
47		2					97	
48	1						98	
49		2					99	
50		6					100	
TOTAL IND.	13						TOTAL IND.	
TOTAL DEP.	23						TOTAL DEP.	
TOTAL CLAIMS	106						TOTAL CLAIMS	